Application or Docket Number											ber				
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 PAND														
									- 	37	110				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)									OR	OTHER SMALL				
FOR			NUMBE	R FILED	NUMBER	NUMBER EXTRA		RATE	FEE] [RATE	FEE			
BASIC FEE			- 200	-	5.				345.0	OR	5 S /	690.00			
TOTAL CLAIMS			18	minus :					_	OR	X\$18=				
IND	EPENDENT CL	AIMS	10	minus	3 = :				39	OR	X78≃				
MU	MULTIPLE DEPENDENT CLAIM PRESENT								=	- OR	+260°				
• 15	If the difference in column 1 is less than zero, enter "0" in column 2								260	/ OR	TOTAL				
				TOTAL	10	—	OTHER	THAN							
	CLAIMS AS AMENDED - PART II. (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL				
MTA		REMA	IMS INING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA PEE		RATE	ADDI- TIONAL FEE			
AMENOMENT	Total	114		Minus	. 20		ŀΓ	X\$ 9=		OA	X\$18=				
MEN	Independent	· Z	F	Minus .	··· 16	=		X39=		OR	X78=				
	FIRST PRESE	NTATIO	N OF MI	ILTIPLE DE	PENDENT CLA	M	! <u> </u>	+130=		OR	+260=				
											YOYAL				
1	5-11-0.6	4,000	4\		(Column 2)	(Column 3)	ADDIT, FEEOF ADDIT, FEE								
	10 to	T dv	UMS	-	HIGHEST		ור		ADDI-	7		ADDI-			
N F B		AF	INING TEA		NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	TIONA FEE	L	RATE	TIONAL FEE			
AMENDMENT	Total	• Z	OMENT	Minus	-20	-8	II	X\$ 9=	12	OR	X\$18=	.,,,,,,			
MEN	Independent	. ,	5	Minus	4	o/ BE	Lŀ	436	43	OR	X78=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									10.	OR	+260=				
		į.					L. Af	YOYAL	15.6	198	ANDIT. FEE				
16	(Column 1) (Column 2) (Column 3)								NOW. FEE						
NIC		REW	UMS UNING TER OMENT		HIGHESY NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	. /	38	Minus	-28	. —	1	X\$ 9= ·		OR	X\$18=				
E.	Independent	. (5	Minus	5	= 4]	X39-		OR	×200				
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┝		<u> </u>	7		1			
						entime 3 °	L	+130=		OR	+260=	-			
1	* If the entry in column 1 is less than the entry in column 2, write "V in column 3." "If the "TC, last Number Previously Paid For IN THIS SPACE is less than 20, enter "20." "If the "Highest (Limber Proviously Paid For IN THIS SPACE is less than 3, enter "3." "If the "Highest (Limber Proviously Paid For IN THIS SPACE is less than 3, enter "3."														
The 1-5, sest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.															

FORM PTO-075 (Ros. 12/89)

Paleri and Trademark Office, U.S. DEPARTMENT OF COMMERCE

V.S. GPG: 2000-483-433-030044

Effective October 1, 2003 Page 2 09/5 9, 5												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TC	TAL CLAIMS						RAT	Ε	FEE]	RATE	FEE
FC	R		NUMBER	FILED	NUMBER EXTRA		BASIC	FEE 3	85.00	OR	BASIC FEE	770.00
ΤC	TAL CHARGE	ABLE CLAIMS	∏ mi	nus 20=	•		XS S	=	-	OR	X\$18=	
IND	EPENDENT CI	LAIMS	4 m	inus 3 =	•	•		_		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+145	_		1	+290=	
* If the difference in column 1 is less than zero, enter						column 2	TOTA	-	-	OR		
TOTAL OTHER THAN CLAIMS AS AMENDED - PART II										THAN		
						(Column 3)	SMA	LL EN	TITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RATI	E T16	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
MQ.	Total	.28	Minus	2	8	= Ø	X\$ 9	-		OR	X\$18=	. •
AME	Independent	· 5	Minus	[<u> </u>	= 0	X43=	.		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	·
							101			OR ,	TOTAL ODIT, FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT. F	EE		•	ODII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RATE	: TK	DDI- DNAL -EE		RATE	ADDI- TIONAL FEE
NDW	Total	•	Minus	**			X\$ 9	= 		OR	X\$18=	
ME	Ind pendent	•	Minus	***		=	X43-			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·	OR	+290=	
		•					ADDIT. F	ÆL_		OR ,	TOTAL VODIT. FEE	
		(Column 1)		(Colun		(Column 3)			٠.			-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		E .	X\$ 9=	:	•	OR	X\$18=	
	Independent	dent + Minus + RESENTATION OF MULTIPLE DEPEN		***			X43=	1		OR	X86=	
	FIRST PRESE	NTATION OF MU	JUTIPLE DEI	PENDENT	CLAIM		+145=	1		OR	+290=	_
		mn 1 is less than th mber Previously Pa					TOTA ADDIT. FI		}	OB T	TOTAL ODIT, FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number